

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1957

42004

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

10125

Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital				Length of stay in lb D.O.A.		d. STREET ADDRESS 6848 Southwest Ave.	
3. NAME OF DECEASED (Type or print) First EDSON Middle C. Last GEORGE				4. DATE OF DEATH Month Oct. Day 26 Year 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-27-1875	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Building Const.		11. BIRTHPLACE (City and state or country) Bunker Hill, Ill.	
13. FATHER'S NAME Oliver George				14. MOTHER'S MAIDEN NAME Unknown Squire			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address Grace Bommarito, 5620 Eichelberger Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) 3rd degree burns of approximately 95% of the body Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) E916016 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Suffered from fire resulting from gas leak in kitchen on October 26, 1957.							
20a. ACCIDENT <input checked="" type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour 10 a. m. 26 Month 10 Day 26 Year 1957		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 3rd House		20f. CITY, TOWN, OR LOCATION St. Louis Mo	
21. I attended the deceased from 7:50 P.M. to 1:30 P.M. and last saw her him alive on October 26, 1957 . Death occurred at 1300 Clark and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M. Kelly		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10-29-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-29-57		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Ceme.		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.				25. DATE RECD. BY LOCAL REG. OCT 29 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

NOT-EMBALMED
J. Allen Davis
405
P. O. Address

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.